

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92205

Entity Name: HI-TIDE SALES, INC.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

% DONALD M. WOOD, II  
4050 SELVITZ RD.  
FT. PIERCE, FL 34981

## New Principal Place of Business:

## Current Mailing Address:

% DONALD M. WOOD, II  
4050 SELVITZ RD.  
FT. PIERCE, FL 34981

## New Mailing Address:

FEI Number: 65-0095393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOOGE, HOWARD E  
401 E OSCEOLA ST  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVTS ( ) Delete  
Name: WOOD, DONALD M. II,  
Address: 4050 SELVITZ RD  
City-St-Zip: FT. PIERCE, FL 34981

Title: AS ( ) Delete  
Name: WOOD, NANCY  
Address: 4050 SELVITZ RD.  
City-St-Zip: FT. PIERCE, FL 34981 US

Title: C ( ) Delete  
Name: ROONEY, MARGARITA  
Address: 314 SW TORREYA  
City-St-Zip: PORT ST LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA ROONEY

CFO

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date